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YOUNG PEOPLE'S VIEWS ON THE IMPACT OF CARE EXPERIENCES ON THEIR ABILITY TO FORM POSITIVE INTIMATE RELATIONSHIPS

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Abstract

Existing literature tells us that one of the factors important to the sexual health and intimate relationships of adolescents is the extent to which teenagers feel emotionally connected and supported by their families. In this article, we analyse the experiences of disconnectedness from their families and transience during childhood reported by a sample of young adults formerly in care and the influence they believed this had on their sense of security and later intimate relationships. The sample comprised of 19 young adults aged 18–22 years who were interviewed about experiences associated both directly and indirectly with sexual health, during which childhood experiences of transience emerged as an issue. Findings indicated that disconnectedness and transience were experienced as

distressing for participants, generating feelings of rejection and compromising their sense of trust in others. Feelings of insecurity and mistrust were reported by some to influence their adult relationships. We conclude that while not always possible, social care professionals should endeavour to support enduring relationships with trusted adults and continuity of carer among young people in care.

Keywords

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Introduction

A key dimension of sexual health is a positive and respectful approach to sexual relationships, along with the possibility of having pleasurable and safe sexual experiences, without coercion, discrimination and violence (World Health Organization, 2010). A review of the factors related to good sexual health has identified family closeness or connectedness to be important (Wight and Fullerton, 2013). This is manifested in parental support, emotional connection and warmth (Miller, 2002) and in parents' attitude to their child in terms of quality and closeness (Manlove, et al., 2012). In this article, we report on a study of young adults who were previously in care in Ireland, looking specifically at their accounts of disconnectedness from their families and transience during their childhood. Transience in this context refers to the experience of being moved from one placement to another. We then consider the implications of their experiences with reference to their adult intimate partner relationships. To set the context, literature on the concept of family connectedness and its relationship with sexual health is considered, as is literature on how young people in care tend to be compromised in terms of family connectedness.

Background

Although the concept 'family connectedness' has been variously constructed in the literature, it generally tends to include supportive parenting, a sense of belonging and

emotional attachment and parental monitoring (see Wight and Fullerton, 2013, and Markham, et al., 2010 for some definitional variations). Indicators (both positive and negative) used to capture levels of supportive parenting include measures of the extent to which respondents recall that their parents really trusted them, cared about them, frequently found fault with them undeservedly and were unhappy with many of the things they did (Gordon-Simons, Harbin-Burt and Blyskal-Tambling, 2013). In a US study of over 2000 college students designed to identify mediators of the influence of family factors on risky sexual behaviour, Simons and colleagues (2013) found that respondents who rated their parents as more highly supportive also rated commitment-related partner attributes more highly than those who reported less supportive parents. Higher scores on the importance of commitment-related partner attributes were also found to be inversely related to reported levels of unrestricted and casual sex, so lending support to the protective impact of family connectedness on sexual health.

The reasons why supportive parenting is believed to affect adolescent sexual health and relationship choices have been related to a number of factors. One is that the parenting style influences the characteristics that a person pursues in a potential partner. Berlin and colleagues (2006) found that young people who experienced intimate trusting relationships with their parents appreciated friendships and romantic relationships characterised by self-disclosure and emotionality. Those with harsh and rejecting parents were more likely to form volatile and more fleeting relationships. Simons and colleagues (2012) similarly found that harsh parenting and family instability led to distrustful and problematic relationships in young adults.

The theoretical lens most consistently used to explain the influence of caregivers and parents during an individual's childhood on his or her later adult relationships is attachment theory (Cassidy and Shaver, 2016). This was first advanced by John Bowlby (1969) and later empirically investigated by developmental psychologists such as Mary Ainsworth (1969). While various iterations of the theory have emerged since it was first conceived, the basic premise is that a secure attachment with a caregiver in childhood impacts positively on later adult relationships. Hughes (2009) notes that the influence of attachment theory is not just evident in the field of developmental psychology, but also in

recent neurological research where scientists are linking attachment experiences to brain development of the pre-frontal cortex that influences emotional regulation, social cognition and empathy. As indicated, emotional attachment is a key component of family connectedness.

If we relate the concept of family connectedness to the circumstances of young people in care, it is clear that while many of the difficulties they encounter are associated with socio-economic disadvantage, drug and alcohol misuse and mental health issues, including self-harming (Billings, Hashem and Macvarish, 2007; Dale, 2009; Department for Education and Skills, 2006), there is also a likelihood that their birth family connectedness will have been compromised compared with similarly deprived youth who live with their families. This may arise because of circumstances that led to the young person being admitted to care, along with varying degrees of estrangement from family when there. While it is acknowledged in the literature that many young people have positive experiences of care, particularly when compared with their previous experiences (Ward, Skuse and Munro, 2005), transience is a feature of life for many of them. In their study of teenage pregnancy among young people in and leaving care, Chase and colleagues (2006: 440) found that several participants 'harboured significant feelings of loneliness and rejection resulting from experiences of abandonment by their families, and subsequent transient relationships with significant adults and peers'. They reported as a dominant finding insecurities linked to family rejection and abandonment and an associated need to experience love. Transience lends itself to unpredictability and recent research from the US has found that the strongest predictor of sexual and risky behaviour at the age of 23 was an unpredictable rather than a harsh early childhood environment (Simons, et al., 2012).

To summarise, existing academic literature tells us that one of the factors that influences sexual health is a person's sense of family connectedness, and this is often compromised in the case of young people in care. They are known to have poorer sexual health than those elsewhere. However, little is known from the perspective of young people themselves in relation to how they view their experiences of estrangement from their birth families, how they experience transience and how they believe it has affected their sense of security and intimate relationships.

Methods

The aim of this article is to present an analysis of one aspect of findings from a wider study of the sexual health needs of young people in care in Ireland known as the SENYPICⁱ study (Hyde, 2016a; 2016b; 2016c; 2016d; 2017), paying particular attention to how they experienced transience as children and how this affected their sense of connectedness, security and experiences of intimate relationships into adulthood. Since this component of the research was framed with reference to individuals' experiences, a qualitative research design with data gathered via in-depth interviews was used. Other aspects of the study have been published elsewhere (Hyde, 2016a; 2016b; 2017). Ethical clearance was obtained from the university leading the main study.

The young care leavers who participated were recruited via social service providers and comprised social care professionals who were involved in an earlier phase of the SENYPIC study and were engaged in providing services to the participants either when they were in care or after leaving. They agreed to liaise with potential participants who met the inclusion criteria of being aged 18–22 and having been in care in Ireland at some stage in their childhood.

Nineteen participants, 16 young women and three young men, took part in the study. All fulfilled the inclusion criteria described but the nature of their care experiences varied, with a mixture of initial short-term separations or emergency admissions before longer-term placements. In Ireland, almost all children in care (93%) are placed in foster care, two-thirds with strangers and one-third with relatives (Child and Family Agency, 2015) with the remaining 7% living in some kind of residential establishment. Nine participants had experienced foster placements of at least two years' duration, two of these with family members, while 10 had experienced residential care for more than one year. Two participants had experienced both types of care on a long-term basis. Among those previously in residential care, various types of residential settings were reported, including children's homes, accommodation for homeless people, a hostel and a high-support unit. By the time of data gathering, nine had become parents.

In-depth one-to-one interviews were used in all cases apart from four where the participants expressed a preference to be interviewed with a friend (in these situations, both individuals had to satisfy the inclusion criteria). The period of data gathering was 2013 and interviews were held on-site at the organisation from which the participant was recruited or at a private location facilitated by that same organisation.

Data were analysed using an analytical strategy called modified analytical induction (MAI) described by Bogdan and Biklen (2007) as involving five steps as follows:

1. An approximate definition and explanation of the particular phenomenon are constructed early in the analysis.
2. That definition and explanation is viewed in light of the data as they are collected.
3. The initial definition and explanation are modified as new cases emerge that are at variance with the definition and explanation initially drafted.
4. New cases that do not fit the initial formulation are actively sought.
5. The phenomenon and explanation are refined that account for all cases, negative included.

Findings

In the analysis of data that follows we explore how participants perceived themselves in terms of connectedness and security by first considering their relations with their birth families and their emotional connections to them. We then consider the impact of transience and placement mobility on their sense of security. Finally, we consider their perspectives on intimate partner relations, particularly their sense of how these were influenced by their earlier life experiences.

Birth family relations

While close relations with birth parents were occasionally reported, it was far more common for participants to recall contentious relations with their birth family, with inconsistent degrees of contact over time. Several described high levels of overt conflict

and parental disengagement. One was Alice, who described her monthly encounters with her mother as 'horrible' and the mother's disposition as 'indifferent':

We got to visit our [birth] mother – I got to see my mother for one day a year, it was two hours a month, so that's 24 hours a year. It was horrible! And half the time she wouldn't even talk.

Sinead similarly described conflict and volatility during her weekly visits to her birth mother, recounting that their visiting time together was dominated by her mother 'roaring at her, shouting at her'.

Others told of disturbing dialogues between themselves and their birth mother, experiences of outright rejection and being made to feel worthless. One of these was Cian (male). At the time of the interview he had resumed relations with his birth father (with whom he reported 'a really good relationship'), but he captured the trauma of relations with his mother as follows:

My mother is heavy on drink and the stuff that she does. . . . she'd be telling us to kill ourselves . . . I have given my mother thousands of chances . . . so I haven't talked to my mother in eight or nine months now.

Another young man, Pádraig, described having become accustomed to his birth mother not honouring promises to visit him while he was growing up in a children's home. He indicated that since leaving care, relations between them had ceased. His mother now lived in the UK and although he had made attempts to maintain communication with her, these have proved futile:

I always tried to contact her and stuff, but then she loses her phone and you can't contact her and the years go by without contact so you just kind of get on with it.

One participant, Johanna, reported having no contact with her birth parents and revealed that their manner of dealing with the issues that led to the dysfunctional behaviour of their (now grown-up) children was by 'sweeping it under the carpet and not dealing with it at all'.

Disconnectedness from their families – and from their birth mother in particular – was found to have left some participants with a persistent sense of abandonment and rejection. Kelly rooted her lack of trust in people with this sense of early rejection:

It is like my mum giving me up, so I thought, 'You can't even trust your own mum so who are you going to trust?' . . . I always had that issue – I still do.

Alongside these examples of highly dysfunctional relations were less obviously traumatic ones; however, in most cases relationships between participants and their birth families tended to be distant, strained and/or poor. In terms of sexual health needs, this information tells us that family connectedness – one of the most basic elements in building sexual competence in teenagers – tended to be lacking for these young people.

Transience as a feature of being in care

Regular moves between placements added to the difficulty in attaining a level of connectedness to others in their living environment. While a small number of participants experienced the bulk of their childhood years with the same foster family or at the same residential home, for most transience was a feature of their earlier life. This was something of which Johanna was critical:

Like, I was only in care for two years and I was moved around to so many places it was unreal. I think they should leave me in a place for longer. I mean when they put you in somewhere they should put you in somewhere that is going to be stable and not being moved constantly.

Siobhan described her sense of instability and lack of belonging as feeling 'in between' during a critical time of her development (from the age of 11 to 15 years):

I thought my [birth] mam was kind of better [recovered from addiction] so I went back to my mam myself when I was 15, so I left my grandparents' house because I felt so much in between, it wasn't good at the time.

The reasons given for placement moves varied. Many were first placed in temporary settings and moving on was inevitable. Several proffered 'running away' – that is, not returning to the home of the foster carer or the residential home – as the reason behind their being moved. Not observing curfews was also very widely reported, but did not always result in being relocated; a number reported having been given a few chances. Bianca explained that absconding and drug and alcohol use underpinned her frequent moves between residential placements, including a high-support unit. However, one participant (Siobhan) was critical of being relocated for what she believed to be a fairly minor transgression:

But they moved me out of there without a big reason. I think I went off for a night and I didn't come back and they panicked and the social worker was like, 'Oh, move her.'

In other cases, placement changes were instigated when health issues manifested themselves, one of which appeared to be a major mental health disorder that required hospital care.

Whatever the reason for placement changes, the young people experienced these moves as difficult and distressing. The insecurity generated from the fear of being moved was described by several participants. Eibhlín, who had been placed from the age of 12 with a foster family with whom she had formed a warm and enduring relationship (she was living with them and her baby at the time of the interview) spoke of the constant anxiety about the possibility of placement breakdown. She also drew attention to the professional discourse around the need for stability that contradicted the practice of multiple moves:

I was always worrying about moving placement. That is my biggest worry. I am happy, I am still there now, but it was just that I was delighted being there, I was happy. I finally found someone who loved me [foster carers] and would be there for me and things like that and I didn't want to be moving . . . They say you are not supposed to have broken families and they move you constantly. It is not right; I don't think it is right to move a child the whole time.

At another point in the interview, she described an additional consequence of placement upheaval, namely the experience of having to get to know new people at each new location and then, having invested in making new acquaintances, facing the prospect of yet another move:

It is really tough having to move because they take you into care and then you have to get to know new people and then once you get to know the new people they move you again and it all starts all over again.

Another young woman, Orla, recounted her experience of the intricacies of getting to know others on first arriving at a residential home. Her narrative suggested that this created a degree of stress and required a level of alertness not usually experienced in situations where individuals are comfortable and familiar with one another. The process involved having to read others and being conscious of how to best conduct oneself in the presence of unfamiliar people. Learning to manage interpersonal relationships in the face of diverse personalities was part of the process for her:

I kind of just sussed [checked] people out and what way to be around different people . . . But you learn to step . . . like the different personalities work with different personalities.

It was also evident that she was mistrustful and suspicious as she first navigated the care environment, a disposition that appeared to be exacerbated by the fact that the care

setting she described was emergency accommodation where she stayed for just eight weeks before moving on:

You kind of have to watch people. There would be all different sorts in and out . . . People would come from all different walks of life. Some people would be shy and some people a bit more mouthy than others.

A component of negotiating the care environment was to curtail emotional expression and sensitivity through utilising defence mechanisms for self-protection. As Orla put it, 'You kind of have to put on a tough skin as well when you are in there.'

She had experienced homelessness as a teenager and described how life on the streets necessitated a mistrust and level of surveillance of others in order to survive:

I grew up real fast, real quick and that is what the streets will make you. If you are naive they would eat you alive. You can tell the little gillies and they will just make thick out of you.

While familiarising oneself with individuals encountered in new environments was one challenge, another was being a stranger in a new community. Margaret moved to a new area when she came into foster care at the age of 10. She recalled entering secondary education at the age of 12 and that although the other young people were encountering the same experience of starting a new school, she had the added challenge of adjusting to life as an outsider in the local community and so missing out on the established networks that others enjoyed:

I was starting secondary school from first year so there were a lot of kids who didn't really know anybody anyway, which was kind of OK. But it was kind of hard because the town that I live in now, everybody knows each other because it is such a small town. So a lot of people did have cousins, they knew I was new, they knew I wasn't from the town that they were from, so that was kind of hard.

The view of another participant (Cian) was that placement moves were not necessary to manage situations where house rules had been breached. He proposed that foster carers should be permitted to deal with behavioural issues of foster children in the same way as birth parents, that is, to manage the deviance without threatening the young person's security:

Because if you move into a house every time you do something wrong, if it was anyone else, if it was any other parents, they can't send their children away to a different house when they want to. They just deal with it. So I don't understand why foster parents don't deal with it when it is happening instead of moving you on somewhere else or whatever.

Perceived impact on subsequent intimate relations

Several participants spoke of the impact of early rejection on their later romantic relationships. For example, Margaret linked her sexual promiscuity with a need for love and security:

I kind of have been a bit promiscuous but I think it is because I have missed out on love. That is the way I feel. I didn't grow up with it so I am kind of looking for it now.

Another, Orla, was explicit – with the benefit of hindsight – about the reasons why she, and others in a similar position, became involved in destructive relationships:

You are looking to fill a void or get love from somewhere that you are not getting it somewhere else in your life. And if you are fighting your ma and your pa and whatever is going on you are looking for love off someone. So I would say everybody is a bit vulnerable and they get stuck with people and have babies and all that.

She also described having started an intimate relationship at a time of high vulnerability after she had been expelled from home by her mother at the age of 15 and was living casually with different friends. The relationship was with a 19-year-old man who was also living casually with no fixed abode. Like a number of others, her ability to read and recognise problematic relationships appeared to be compromised. She described how the relationship diminished her confidence and the lack of consistency in how this boyfriend engaged with her, including apparently failing to acknowledge the relationship, had a damaging impact:

And I was real taken advantage of. The relationship came to be an abusive relationship where he manipulated and I lost confidence and all. . . I didn't even realise I had looks or anything, he just put me down. . . But he was making it out as if we weren't in a relationship, he was telling me not to say we were together and things like that . . . So me feeding into it, I was only a little young one, I didn't know any better. So I would say I was real vulnerable and taken advantage of and that kind of thing.

Pauline had what she described as 'a very bad relationship' two years previously during the time when she was 'very messed up'. She associated being in the relationship with challenging contextual factors. She reflected on her lack of awareness at the time that she was being controlled by the man involved and when she did come to a realisation, she ended the relationship:

I wasn't meant to be in that place in my life, I shouldn't have went near that guy. He was very manipulative and put me down and I accepted that and went on because my head was so distraught. I didn't think it was wrong and then after a while I realised. I thought, 'What am I doing?' And I got out of the whole thing.

Another participant, Miranda, similarly revealed that her knowledge of relationships was such that she did not recognise that the one she was in at 15 years old was highly

dysfunctional. She fell pregnant by the man in question at that age and at the time of the interview described the relationship with him as 'horrible':

It is horrible . . . He is horrendous. And the fact that I thought that was a functioning relationship just goes to show that I didn't know what a relationship was.

She recalled a previous relationship with a young man with whom she first had sex at the age of 12, while both of them were living in residential care. The chaos and instability of her life and her despondent state of mind, it seems, blurred her ability to reflect critically on the nature of the relationship. In the following account she described how the man became increasingly violent after their sexual relationship began:

Because I was in just so a troubled place in my life that I was just like, 'Whatever . . . it doesn't matter.' It was just so horrendous. Then after it happened [sexual activity] he started getting really violent with me . . . And one of the days he came over, right in my face, I was just watching TV, like punched the sofa right beside my face, threw a fire extinguisher at me.

Margaret had experienced one serious relationship that lasted two years, ending in the year prior to the interview. In a candid manifestation of self-awareness, she explained her feelings of 'craving love'. She associated her (dysfunctional) need for romantic love and her dependency on her former partner with an insecurity arising from unmet needs in the relationship with her birth mother:

And I relied on him an awful lot because I crave love . . . Because of the stuff we went through, my mam could never show me the love that I wanted from her so I was always looking for something in a fellow that I couldn't get from my mam . . .

Elsewhere in the interview, she described her insecurity in the relationship and the lingering fear that it would end because someone better would replace her. While acknowledging that 'most girls think like that', she, nonetheless, felt that emotional neglect exacerbated her vulnerability in this situation.

The ending of a relationship did not, however, always signal a sense of dejection and failure. For Orla, it signalled a turning point where after 18 months of an abuse, she came to a decision to take control of her life. She described how the motivation to change things occurred as she was making the transition to a college course and how the decision to end the destructive relationship marked the beginning of a new, positive phase in her life:

After a-year-and-a-half of being in a really abusive relationship and all, just enough is enough. . . . I was going . . . into college and all and I just had enough and just clearing my head and I am worth more than this shit and got out of that relationship. Just from then on everything just shot up.

The basis of her new-found confidence, she explained, was the encouragement from those around her and the positive affirmation of her worth that emanated from the experience of educating herself. Several young people voiced similar accounts of resilience, which is important to acknowledge in the context of lives that were dominated by instability and insecurity.

Summary and conclusion

The key findings presented in this article are that participants – young adults who had been in care during childhood – tended to have conflicting and/or estranged relationships with birth family members and feelings of rejection or abandonment. Mobility between placements was widely experienced, making a sense of connectedness to a stable living environment difficult. While the young person's challenging behaviour and/or breaching of rules were often acknowledged as the reason behind placement transitions, this mobility nonetheless enhanced their insecurity and new environments tended to be experienced as distressing. Some accounts suggested that the young people made a link between their

earlier insecurities and subsequent relationship difficulties and choices. Like participants in Chase and colleagues' (2006) UK study, the young people experienced feelings of rejection and abandonment that they believed had repercussions into their adult lives. The participants conveyed very clearly stories of poor intimate relationships and sexual health that are consistent with other studies of young people in care (Craine, et al., 2014; Matta Oshima, Carter Narendorf and McMillen, 2013). Their stories also evidence the relationship between disconnectedness from family and increased risk of sexual health problems reported in the literature (Gordon-Simons, Harbin-Burt and Blyskal-Tambling, 2013; Wight and Fullerton, 2013).

The study makes a contribution to this extant literature by demonstrating young people's own retrospective understandings of the mechanisms at play, namely how their the sense of family disconnectedness and lack of stable relationships with trusted adults were clearly a contributing factor in their entering and sustaining poor relationships. The consequences for the young people included early sexual debut, regret at first sex, unprotected sex and abusive relationships. However, a scrutiny of young people's narratives on the impact of early relationships opens up conduits of agency and change as they conveyed a strong understanding of what 'good' and 'bad' relationships were. Such narratives from young people's own perspectives, if shared more widely, could create a space for learning and reflection for other young people in care.

While these findings will not come as news to those working with young people in care, the voices of the young adults in this study powerfully substantiate what academic discourses reveal about the impact of disconnectedness and transience on feelings about self (Ward, 2009; 2011) and their perceived influence on later intimate relationships (see Godbout, et al., 2013). It would be naïve to propose that health professionals can somehow fill the void of family disconnectedness – indeed they often are the ones engaged in decisions to authorise moves between placements in situations where there are none or few realistic alternatives. However, the emotional pain expressed by many of the young adults in the study may at least serve to remind health and social care professionals of the need for empathy regarding the living arrangements of children and young people in care and the

need, wherever possible, to facilitate and strengthen family ties and/or durable relationships with trusted adults, so preserving a sense of continuity of care.

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ⁱ SENYPIC is the acronym for Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland.